

**Beverly A. H. Buscemi, Ph.D.**  
*State Director*  
**David A. Goodell**  
*Associate State Director*  
*Operations*  
**Kathi K. Lacy, Ph.D.**  
*Associate State Director*  
*Policy*



**COMMISSION**  
**Kelly Hanson Floyd**  
*Chairman*  
**Richard C. Huntress**  
*Vice Chairman*  
**Otis D. Speight, MD, MBA, CPE**  
*Secretary*  
**W. Robert Harrell**  
**Nancy L. Banov, M.Ed.**  
**Deborah C. McPherson**

3440 Harden Street Ext (29203)  
PO Box 4706, Columbia, South Carolina 29240  
V/TTY: 803/898-9600  
Toll Free: 888/DSN-INFO  
Website: [www.ddsn.sc.gov](http://www.ddsn.sc.gov)

Reference Number: 603-13-DD

Title of Document: Medication Technician Certification

Date of Issue: November 1, 2002  
Effective Date: November 1, 2002  
Last Review Date: July 15, 2010 (REVISED)  
Date of Last Revision: July 15, 2010

Applicability: Providers of Community-Based Residential and Day Programs who have contracts with DDSN (Excluding ICFs/MR)

---

## PURPOSE

The purpose of this departmental directive is to establish a framework within which a Medication Technician Certification program may be initiated for unlicensed assistive personnel (i.e. non-nursing staff) who work with Department of Disabilities and Special Needs (DDSN) consumers in Community-Based Residential and Day Program settings.

## INTRODUCTION

As a result of a provision contained in the 2002-2003 Budget Bill, H.4878- Part 1B, 11.10, the General Assembly of the State of South Carolina has granted DDSN the statutory authority for selected unlicensed persons to administer medications to DDSN consumers in community settings. This provision does not apply to a facility licensed as a habilitation center for people with mental retardation (i.e., ICFs/MR) either at the Regional Centers or in the community. Furthermore, with regard to injectable medications, this authority only applies to "regularly scheduled insulin and prescribed anaphylactic treatments under established medical protocol and does not include sliding scale insulin or other injectable medications."

### **DISTRICT I**

P.O. Box 239  
Clinton, SC 29325-5328  
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500  
Whitten Center - Phone: 864/833-2733

### **DISTRICT II**

9995 Miles Jamison Road  
Summerville, SC 29485  
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750  
Pee Dee Center - Phone: 843/664-2600  
Saleeby Center - Phone: 843/332-4104

## RATIONALE

A number of significant changes have occurred both nationally and in South Carolina in the long-term disability field since the mid 1980s when South Carolina discontinued its program to delegate the administration of medications to selected direct care staff (sometimes referred to as Unlicensed Assistive Personnel or UAPs).

First, there has been a significant increase in community-based services for people with disabilities, often accompanied by a reduction in either the census and/or the reliance upon institutional settings (e.g. DDSN Regional Centers, DMH hospitals, etc.). Most of these community-based alternatives do not have or do not need nursing services available on a daily basis. This trend toward serving people with special needs in community settings will certainly continue.

Secondly, over the last 25 years, people with disabilities and their families have demanded more control over the services and supports they receive and those who provide them. They are demanding more choice in providers and more options in service delivery models. They are no longer willing to grant to licensed professionals all decisions regarding their health and safety, and are more involved than ever before in defining what “quality of life” means to them.

Lastly, a nation-wide shortage of licensed nursing personnel continues. This reality makes it literally impossible for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) to be available in South Carolina’s hundreds of community settings where people with disabilities live and work, and who take various kinds of medications multiple times per day.

In response to these factors, approximately one-half of the states in the country have initiated programs that authorize, train and supervise selected direct care staff in administering medications safely. These states have found the proper balance between the competing goods of community-based, home-like living arrangements on the one hand, and maintaining appropriate health and safety practices on the other. The following outline is consistent with highly successful programs of this kind in other states.

## OVERVIEW

DDSN has reviewed the Medication Technician Certification courses of a number of states that have successfully implemented this program. Most of these states programs contain common elements that have been incorporated into the DDSN approach.

In order to make this training available to as many staff as possible, the DDSN Medication Technician Certification course may be offered in one of three ways:

1. by selected technical or four year colleges;
2. by DDSN employed or contracted clinical staff; or
3. by community provider agencies themselves.

Regardless of the forum, all Medication Technician Certification courses will be required to meet the standards enumerated below while adhering to pre-approved curriculum guidelines.

## STANDARDS

Two types of standards govern DDSN's Medication Technician Certification program: Program Standards and Curriculum Standards. The Program Standards outline the general requirements of the overall program. The Curriculum Standards outline the specific requirements of the units to be taught, the practicum experience, and the supervised medication passes.

### **Program Standards**

1. **Length of Program-** The length of the initial medication technician training program, including classroom instruction, practicum experience, and supervised medication passes, shall not be less than 16 hours, but may be longer, if required to develop the necessary student competencies.
2. **Approved Instructors-** Instructors must be Registered Nurses or Registered Pharmacists with at least three (3) years of clinical nursing or pharmacy experience. Instructors should have prior experience in training, supervision, and/or working with persons with disabilities. For those Nurse or Pharmacist Instructors who do not work in an academic setting (i.e. DDSN employed or community agency employed), a "train the trainer" orientation class will be required by DDSN in order to enhance the consistency and the quality of the Medication Technician courses being offered. Exceptions to the "train the trainer" requirement may be approved on an individual basis, based on experience.

NOTE: It is recommended that all instructors attend a "Train the Trainer" course prior to teaching Medication Technician training classes.

3. **Instructor/Student Ratio-** For classroom instruction, no more than 1 to 24; for supervised practicum experience, no more than 1 to 8; for supervised medication passes, no more than 1 to 1. LPNs, under the direction of the RN Instructor, may be authorized to oversee the 1 to 1 supervised medication passes.
4. **Testing-** Competence testing will occur for each unit in the curriculum. Tests will measure the knowledge and all basic skills required for safe and effective functioning as a Medication Technician. A passing score of 85% will be required on each unit test with an opportunity to retake each test after additional tutoring has occurred.
5. **Certificate-** A certificate will be awarded to the employee upon successful completion of all components of the training program.
6. **Roster-** A roster of all currently employed Medication Technicians will be maintained by each DSN Board or other service provider.

7. **Continuing Education Units-** Each Medication Technician will be required to complete a standardized, annual refresher course on the administration of medication of not less than two (2) hours duration. The instructor for the annual refresher course may be an RN, LPN, Registered Pharmacist, or a Certified Medication Technician, having completed the Medication Technician Training within 36 months and having a minimum of one (1) year of experience with the provider agency.  
  
\*\*Exception: Staff in a Community Residential Care Facilities (CRCFs) must receive annual training from an RN or LPN.
8. **Oversight-** All Medication Technicians will have access to an RN, an LPN, or Registered Pharmacist if questions arise in the course of the performance of their duties regarding appropriate medication administration practices. Either an RN, LPN, or Registered Pharmacist will also provide quarterly oversight, tailored to the specific needs of the agency and its Medication Technicians. Documentation of the type of oversight and evidence must be maintained in a centralized location for each provider agency.
9. **Medication error reporting-** All DSN Boards or other community providers who utilize Medication Technicians to administer medications will be required to follow Policy Directive 100-29-DD: Medication Error/Event Reporting.
10. **Sanctions-** Provider agencies will track and appropriately follow up with Medication Technicians who commit medication errors. Appropriate follow up may include closer nursing supervision, re-training, progressive discipline or the removal of medication administration privileges.
11. **Evaluation-** Periodic review of the training being provided to prospective Medication Technicians by instructors will be conducted by DDSN staff and/or consultants.
12. **Records-** Each RN or Registered Pharmacist instructor teaching a Medication Technician course will be required to maintain the following records: their qualifications, student attendance, lesson/curriculum plans, all tests administered, student test results, a list of all graduates, and a copy of their course completion certificate.

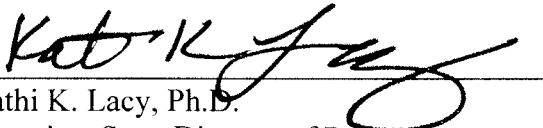
Agencies employing Medication Technicians are required to maintain the following records: a roster of all Medication Technicians employed; Medication Technician certificates with date of award, record of quarterly oversight sessions, record of annual refresher class attendance, record of any medication errors committed, and corrective actions taken. These records will be available for review during DDSN's annual licensing and contractual compliance review processes.

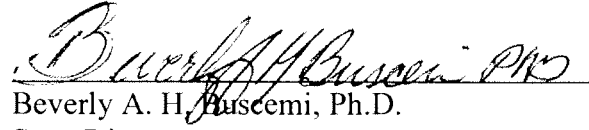
### **Curriculum Standards**

1. **Integrated-** Classroom instruction that establishes a knowledge base will be integrated with practicum experiences that the student receives at a simulated (or real) treatment setting, and with the supervised medication passes that occur.

2. **Objectives-** Classroom instruction will be based on objectives for each unit that reflect the purposes of the training program and give direction to the instructor and the students. These objectives will be tied to the various competencies that the students will be tested on.
3. **General Information-** Classroom instruction shall include general information relevant to the administration of medication. Topics will include: relevant state & federal laws and regulations; terminology; forms of medication; routes of administration; abbreviations/ symbols; documentation guidelines, and medication reference works, etc. (See the attached curriculum outline.)
4. **Body Systems-** Classroom instruction shall include an overview of the general structure and function of body systems, and the pharmacological effect of medications on these systems.
5. **Classes of Medication-** Classroom instruction shall address the major categories of medications and how each category is related to a body system and its pathology.
6. **Duties of a Medication Technician-** Classroom instruction shall focus on the role and scope of practice of the Medication Technician, as well as what is not within their scope of practice.
7. **Practicum Experience-** This portion of the curriculum will utilize physical facilities that reasonably simulate a health care setting (or utilize an actual health care setting) and the types of medication delivery systems used in that area. The instructor will design exercises for skill demonstration that simulate the various aspects of safe and effective medication administration and documentation.
8. **Supervised Medication Passes-** At the conclusion of the course, each candidate for the Medication Technician Certification will be required to demonstrate their competency by participating in three (3) supervised medication passes, including medication setup, delivery and documentation. The nurse may observe the candidate passing medications to three (3) different people during a single visit to a facility. Follow-up supervised medication passes will occur as appropriate based on the performance of the Medication Technician (i.e., if the medication technician has not had any med errors/event they would not require an annual supervised medication pass). This may occur as part of the quarterly oversight provided by an RN or LPN, as mentioned above.
9. **Curriculum Outline-** An outline of an approved curriculum is attached to this document. Any curriculum used in the training of DDSN Medication Technicians must address each of the components of this outline; possess corresponding learning objectives; and require competency-based testing. All Medication Technician Certification courses must be approved by DDSN Division of Quality Management in writing. This will include core

curriculums such as One Little Pill, Administering Meds the Right Way, etc. to ensure addition of individual procedures per provider.

  
Kathi K. Lacy, Ph.D.  
Associate State Director of Policy  
(Originator)

  
Beverly A. H. Buscemi, Ph.D.  
State Director  
(Approved)

***To access the following attachments, please see the agency website page "Attachments to Directives" under this directive number.***

Attachment A - Curriculum Outline